

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | | | | | | | |
|---|--------------------------|-------------------|-------------------------------------|-----------|--------------------------|----------|--------------------------|
| Filer Identification Number | Report Filed By (Mark X) | Candidate | <input checked="" type="checkbox"/> | Committee | <input type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | Noble Brown | | | | | |
| Street Address | | 6872 Garfield Ave | | | | | |
| City | Harborcreek | State | PA | Zip Code | 16421 | | |

Type of Report (Place x under report type)

| | | | | | | | | | |
|--|---------------------------------------|--------------------------|--|---|-------------------------------------|--------------------------|---|------------------------------|-------------------------------------|
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre- Election | 5- 2 nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Date Of Election (MM/DD/YYYY) | | 11/7/2017 | | Year | | Amendment Report | <input type="checkbox"/> | Termination Report | <input checked="" type="checkbox"/> |

| | | | |
|--|------------|------------|---|
| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only 2017 NOV 29 PM 11:04 ERIE COUNTY VOTER REGISTRATION K |
| | 10/24/2017 | 11/28/2017 | |
| A. Amount Brought Forward From Last Report | \$ | (7587.21) | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 7587.21 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | - 0 - | |
| D. Total Expenditures (From Schedule III) | \$ | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | - 0 - | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | | |

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

28th day of November 2017

Signature
 My Commission expires
 My Commission Expires March 18, 2021
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Person Submitting report
 Noble B. Brown

Printed Name

814
 Area Code

899-0333
 Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

____ day of _____ 20____

Signature

My Commission expires _____
 MO. DAY YR.

Signature of Candidate_____
Printed Name

 Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

| | | | |
|---|-----|----|---------|
| Filer Identification Number | | | |
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | | |
| Total for the reporting period | (1) | \$ | |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | | |
| Contributions Received from Political Committees (Part A) | | \$ | |
| All Other Contributions (Part B) | | \$ | |
| Total for the reporting period | (2) | \$ | |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | | |
| Contributions Received from Political Committees (Part C) | | \$ | |
| All Other Contributions (Part D) | | \$ | |
| Total for the reporting period | (3) | \$ | |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | | |
| Total for the reporting period | (4) | \$ | 7587.21 |
| Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> | | \$ | 7587.21 |

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| | | | | | | | | | |
|--|------|------------------------------|----|----------|-------|-------------------|------------|----|---------|
| Filer Identification Number: | | | | | | | | | |
| Full Name Committee to Elect Noble Brown | | | | | | | | | |
| House # | 2000 | Street Address Parker Ave | | | | | | | |
| City | Erie | State | PA | Zip Code | 16510 | Date [MM/DD/YYYY] | 11/15/2017 | \$ | 2000.00 |
| Receipt Description Return of loan to committee | | | | | | | | | |
| Full Name Committee to Elect Noble Brown | | | | | | | | | |
| House # | 2000 | Street Address Parker Ave | | | | | | | |
| City | Erie | State | PA | Zip Code | 16510 | Date [MM/DD/YYYY] | 11/24/2017 | \$ | 5587.21 |
| Receipt Description Return of loan to committee | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ | |
| Receipt Description | | | | | | | | | |